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POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

## Application Number

## Filing Date

## First Named Inventor

John IRVING

## Title

## Art Unit

## Examiner Name

## Attorney Docket Number

I hereby appoint:

 Practitioners at Customer NumberPlace Customer  
Number Bar Code  
Label here

OR

 Practitioner(s) named below:

| Name             | Registration Number |
|------------------|---------------------|
| JAMES D. FORNARI | 25,260              |
|                  |                     |
|                  |                     |
|                  |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

|  |   |  |     |              |
|--|---|--|-----|--------------|
| <input checked="" type="checkbox"/> Firm or<br>Individual Name | JAMES D. FORNARI                            |  |     |              |
| Address  | 645 MADISON AVENUE - 13 <sup>th</sup> FLOOR |  |     |              |
| Address  |   |  |     |              |
| City   | NEW YORK                                    |  |     |              |
| Country  | USA   |  |     |              |
| Telephone  | 212-698-0567                                |  | Fax | 212-698-0573 |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

|           |                   |           |                |
|-----------|-------------------|-----------|----------------|
| Name      | PATRICK LAZUNESSE |           |                |
| Signature |                   |           |                |
| Date      | June 19/2003      | Telephone | 1-888-770-3333 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

|                                     |           |   |                      |
|-------------------------------------|-----------|---|----------------------|
| <input checked="" type="checkbox"/> | *Total of | 4 | forms are submitted. |
|-------------------------------------|-----------|---|----------------------|

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|                        |             |
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| Application Number     |             |
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| First Named Inventor   | John IRVING |
| Title                  |             |
| Art Unit               |             |
| Examiner Name          |             |
| Attorney Docket Number |             |

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|                                     |   |                  |              |
|-------------------------------------|---|------------------|--------------|
| <input checked="" type="checkbox"/> | Firm or<br>Individual Name                  | James D. FORNARI |              |
| Address                             | 645 MADISON AVENUE - 13 <sup>th</sup> FLOOR |                  |              |
| Address                             |   |                  |              |
| City                                | NEW YORK                                    | State            | NY           |
| Country                             | USA   |                  |              |
| Telephone                           | 212-698-0567                                | Fax              | 212-698-0573 |

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## SIGNATURE of Applicant or Assignee of Record

|           |                |
|-----------|----------------|
| Name      | STEVE MULLIGAN |
| Signature | Steve Mulligan |
| Date      | 19/12/2003     |
| Telephone | 1-888-770-3333 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

|                                     |          |   |                      |
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|                         |   |       |              |           |
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|           |                   |           |                |
|-----------|-------------------|-----------|----------------|
| Name      | MARCELLO BURSTEIN |           |                |
| Signature |                   |           |                |
| Date      | June 19, 2003     | Telephone | 1-888-770-3333 |

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| Examiner Name          |             |
| Attorney Docket Number |             |

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| Address                    |   |       |              |           |
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| Country                    | USA   |       |              |           |
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SIGNATURE of Applicant or Assignee of Record

|           |               |           |                |
|-----------|---------------|-----------|----------------|
| Name      | John IRVING   |           |                |
| Signature |               |           |                |
| Date      | July 19, 2003 | Telephone | 1-888-770-3333 |

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

3800.01

First Named Inventor

John

IRVING

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*METHOD AND SYSTEM FOR FILTERED WEB BROWSING  
IN A MULTI-LEVEL MONITORED AND FILTERED SYSTEM.*

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached?<br>Yes | Certified Copy Attached?<br>No |
|--|---------|-------------------------------------|--------------------------|---------------------------------|--------------------------------|
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>       |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_  Correspondence address below or Bar Code Label \_\_\_\_\_ OR  Correspondence address below

Name

JAMES D. FORNARI, ESQ

Address

645 MADISON AVENUE - 13<sup>th</sup> FLOOR

City

New York

State

New York

ZIP

10022

Country

USA

Telephone

212-698-0567

Fax

212-698-0573

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

John

Family Name  
or Surname

IRVING

Inventor's  
Signature

Date

June 19, 2003

Residence: City 352 DALY STREET  
OTTAWA

State

ONT

Country

CANADA

Citizenship

CANADIAN

Mailing Address

352 DALY STREET

City OTTAWA

State

ONT

ZIP KING 6G9

Country

CANADA

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

Marcello

Family Name  
or Surname

BURSTEIN

Inventor's  
Signature

Marcello

Date

June 19, 2003

Residence: City OTTAWA

State

ONT

Country

CANADA

Citizenship

ARGENTINEAN M.B.

Mailing Address

335 COOPER STREET - APT 23

City OTTAWA

State

ONT

ZIP

K2B 0G6

Country

CANADA

 Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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|   |                |   |                         |
|---|----------------|---|-------------------------|
| <b>DECLARATION</b>                                  |                | <b>ADDITIONAL INVENTOR(S)</b><br>Supplemental Sheet                           |                         |
| Page <u>2</u> of <u>2</u>                           |                |   |                         |
| Name of Additional Joint Inventor, if any:          |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                         |
| Given Name (first and middle (if any))              |                | Family Name or Surname  |                         |
| STEVE   |                | MULLIGAN  |                         |
| Inventor's Signature                                | Steve Mulligan |   | Date <u>Jun 12/2003</u> |
| Residence: City                                     | OTTAWA         | State   | ONT                     |
|   |                | Country   | CANADA                  |
| Mailing Address <u>125 STEWART STREET - APT 404</u> |                |   |                         |
| Mailing Address                                     |                |   |                         |
| City  |                | ONT   | Zip <u>K1N 6G3</u>      |
|   |                | Country CANADA  |                         |
| Name of Additional Joint Inventor, if any:          |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                         |
| Given Name (first and middle (if any))              |                | Family Name or Surname  |                         |
| PATRICE   |                | LAJENNESE   |                         |
| Inventor's Signature                                | Patrice        |   | <u>June 19/2003</u>     |
| Residence: City                                     | OTTAWA         | State   | ONT                     |
|   |                | Country   | CANADA                  |
| Mailing Address <u>35 LANGEVIN AVENUE</u>           |                |   |                         |
| Mailing Address                                     |                |   |                         |
| City  |                | ONT   | Zip <u>K1N 1G1</u>      |
|   |                | Country CANADA  |                         |
| Name of Additional Joint Inventor, if any:          |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                         |
| Given Name (first and middle (if any))              |                | Family Name or Surname  |                         |
|   |                |   |                         |
| Inventor's Signature                                |                |   | Date                    |
| Residence: City                                     | State          | Country   | Citizenship             |
| Mailing Address                                     |                |   |                         |
| Mailing Address                                     |                |   |                         |
| City  | State          | Zip   | Country                 |

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## DECLARATION – Supplemental Priority Data Sheet

**Additional foreign applications:**

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